

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90457 018 \*\*\*150.00

**DOCUMENT # P00000116366**

1. Entity Name

**DEMIURGIC CONSULTING GROUP, INC.**

Principal Place of Business

Mailing Address

5410 NW EMBLEM ST  
 PT ST LUCIE FL 34983

5410 NW EMBLEM ST  
 PT ST LUCIE FL 34983

2. Principal Place of Business

3. Mailing Address

**1156 SW Hutchins St.**

**P.O. Box 880151**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PORT ST LUCIE, FL**

City & State

**PORT ST LUCIE, FL**

4. FEI Number

**65-1062252**

Applied For

Not Applicable

Zip

**34983**

Country

**USA**

Zip

**34988-0151**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEAVLEY, CHRISTOFER R**  
**5410 NW EMBLEM ST**  
**PT ST LUCIE FL 34983**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1156 SW HUTCHINS ST**

City

**PORT ST LUCIE**

FL

Zip Code

**34983**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Cheryl*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/20/2001**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **CEO**  
 STREET ADDRESS **ADAMS, JACK E**  
 CITY-ST-ZIP **1156 SW HUTCHINS ST**  
**PT ST LUCIE FL 34983**

TITLE  Change  Addition  
 NAME **VICE PRESIDENT**  
 STREET ADDRESS **JACK D. JEWELL**  
 CITY-ST-ZIP **3038 SW BAKERSFIELD ST.**  
**Port St. Lucie, FL. 34983**

TITLE  Delete  
 NAME **PST**  
 STREET ADDRESS **PEAVLEY, CHRISTOFER R**  
 CITY-ST-ZIP **5410 NW EMBLEM ST**  
**PT ST LUCIE FL 34983**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Cheryl*

**Christopher Peavley**

**4/20/01**

Date

**561-486-3988**

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)